



REPUBLIC OF CYPRUS
MINISTRY OF INTERIOR

CIVIL REGISTRY AND MIGRATION
DEPARTMENT

DECLARATION ON HONOUR
TO COVER THE COST OF RETURN OF A THIRD COUNTRY NATIONAL
(pursuant to articles 18ΥΣΤ(ιβ) and 18ΧΔ(1)(δ) of the Aliens and Immigration
Law)

Director
Civil Registry and Migration Department,

I, the undersigned, employer:

Full name (Individuals / legal entity):

Identity / Passport. No. (for Individuals):

Reg. No. (for legal entities):

Postal address:

Tel.:

hereby certify on my honour that I undertake to cover all costs for the return of the third-country national below, whom I *will employ / employ / employed*¹ (mark whatever applies):

Full name of employee:

Nationality: **Passport No.:**

ARC *: **File No. *:**

**if applicable*

I am aware that in the event of my refusal or omission to bear the return costs of the third-country national, the Director of the Civil Registry and Migration Department will take legal action to recover the amount due.

As long as the return costs of the third-country national are not covered on my part, no new application for the issue, modification or renewal of residence and employment permit for another third-country national will be considered.

¹ *In the event where an amount of money deposited as bank guarantee will be returned with this declaration, and where such an amount has been made available to the Director of the Civil Registry and Migration Department to cover the return costs of the third-country national, the FIMAS form (payment authorization) at the back of this page, must be completed.*

Employer's signature:
.....

Date:

***Note: In the event of an authorized representative, the authorization letter must be submitted together with this declaration.**

To be filled-in ONLY if the amount of the bank guarantee has been made available to the Director of the Civil Registry and Migration Department to cover the return costs of the third-country national.

ACCOUNTANT GENERAL OF THE REPUBLIC OF CYPRUS

1441 - NICOSIA

AUTHORISATION FOR PAYMENTS BY FIMAS

I / We hereby authorize you to pay by bank transfer to the account shown below, any amount payable to me / us, by any Government Office, through the **Integrated Financial Management System (FIMAS)** of the Treasury of the Republic.

For this purpose I / we present below the minimum information needed of this bank account held in EURO. In addition, I / we attach a copy of the statement/certificate from the bank, (which does not include any transactions) showing the name of the Bank, the owner / beneficiary of the account and the name of the branch (where applicable), as well as the **International Bank Account Number (IBAN)**.

This authorisation will remain in force unless a written notice is given from me / us.

| | |
|---|--|
| NAME / ORGANIZATION NAME | |
| PHONE NUMBER | |
| IDENTITY NUMBER (for Individuals) | |
| REGISTRATION NUMBER (for Organizations) | |
| ADDRESS (Street Address and Number or P.O.Box) | |
| POSTAL CODE | |
| TOWN / VILLAGE | |
| BANK NAME | |

INTERNATIONAL BANK ACCOUNT NUMBER (IBAN)[illegible]

Note: The bank account must be in the name of the beneficiary. An account shall also be accepted if a natural person / beneficiary holds a joint account with another natural person, provided that the photocopy of the bank statement or bank certificate attached to this authorization will also show the name of the beneficiary who will be paid.

If the beneficiary is a legal entity, then the account must be owned exclusively by the legal entity itself and not jointly with other persons.

(Seal)

Signature of Authorising Person

Name of Authorising Person

Date: / /20

(In the case of legal persons, this authorisation must be stamped next to the name of the authorising person with the legal person's seal)